

LME Alternative Service Request for Use of DMHDDSAS State Funds

For Proposed MH/DD/SAS Service Not Included in Approved Statewide IPRS Service Array

Note: Submit completed request form electronically to Wanda Mitchell, Budget and Finance Team, at Wanda.Mitchell@ncmail.net, and to Spencer Clark, Chief's Office, Community Policy Management Section, at Spencer.Clark@ncmail.net. Questions about completing and submitting this form may be addressed to Brenda G. Davis, CPM Chief's Office, at Brenda.G.Davis@ncmail.net or (919) 733-4670, or to Spencer Clark at Spencer.Clark@ncmail.net or (919) 733-4670.

a. Name of LME PBH (Piedmont Behavioral Healthcare)		b. Date Submitted 6-13-08
c. Name of Proposed LME Alternative Service- B3 Individual Supports _YA307		
d. Type of Funds and Effective Date(s): <i>(Check All that Apply)</i> <input checked="" type="checkbox"/> State Funds: Effective 7-01-07 to 6-30-08 <input checked="" type="checkbox"/> State Funds: Effective 7-01-08 to 6-30-09		
e. Submitted by LME Staff (Name & Title) David Jones, MA Dir. of Clinical Operations	f. E-Mail davidj@pamh.com	g. Phone No. 704-743-2106

Background and Instructions:

This form has been developed to permit LMEs to request the establishment in IPRS of Alternative Services to be used to track state funds through a fee-for-service tracking mechanism. An LME that receives state single stream or other state non-UCR funding shall use such funding to purchase or start up services included in the Integrated Payment and Reporting System (IPRS) service array and directed towards the approved IPRS target population(s). If the LME wishes to propose the use of state funds for the provision of an Alternative Service that is not included in the IPRS service array, the LME shall submit an ***LME Alternative Service Request for Use of DMHDDSAS State Funds.***

This form shall be completed to fully describe the proposed Alternative Service for which Division approval is requested in order to develop an IPRS reporting code and an appropriate rate for the Alternative Service.

Please use the following template to describe the LME's proposed Alternative Service definition and address all related issues using the standard format and content categories that have been adopted for new MH/DD/SA Services.

Please note that:

- an individual LME Alternative Service Request form is required to be completed for each proposed Alternative Service;
- a separate Request for Waiver is required to be submitted to the Division for the LME to be authorized by the Secretary to directly provide an approved Alternative Service; and
- the current form is not intended to be utilized in SFY 07-08 for the reporting on the use of county funds by an LME. The Division continues to work with the County Funds Workgroup to establish a mechanism to track and report on the use of county funds through IPRS reporting effective July 1, 2008.

Requirements for Proposed LME Alternative Service	
<i>(Items in italics are provided below as examples of the types of information to be considered in responding to questions while following the regular Enhanced Benefit Service definition format. Rows may be expanded as necessary to fully respond to questions.)</i>	
Complete items 1 through 28, as appropriate, for all requests.	
1	Alternative Service Name, Service Definition and Required Components- B3 Individual Supports
2	Rationale for proposed adoption of LME Alternative Service to address issues that cannot be adequately addressed within the current IPRS Service Array <ul style="list-style-type: none"> <i>PBH specific service array to best provide for consumer needs within the PBH system of care</i>
3	Description of service need(s) to be addressed exclusively through State funds for which Medicaid funding cannot be appropriately accessed through a current Medicaid approved service definition <p>Individual Support Services are “hands-on” individualized assistance with everyday activities that are required by an individual with severe and persistent mental illness in order to live independently in the community. The services are provided for adults ages eighteen (18) and older and are intended to support a person in an independent residence, or transitioning from a licensed residential facility to independent housing. Individual Support can be billed while the person is living in the licensed facility up to two (2) months prior to moving. Specifically, this service provides assistance with Instrumental Activities of Daily Living (IADL) including preparing meals, managing money, shopping for household necessities, using the telephone, housecleaning, laundry, transporting the individual to access the community, medication management, supervision and cuing. The goal is to provide coaching to the individual in areas of need and fade this support over time.</p>
4	Please indicate the LME’s Consumer and Family Advisory Committee (CFAC) review and recommendation of the proposed LME Alternative Service: (Check one) <p><input checked="" type="checkbox"/> Recommends <input type="checkbox"/> Does Not Recommend <input type="checkbox"/> Neutral (No CFAC Opinion)</p>
5	Projected Annual Number of Persons to be Served with State Funds by LME through this Alternative Service 120
6	Estimated Annual Amount of State Funds to be Expended by LME for this Alternative Service \$102,000
7	Eligible IPRS Target Population(s) for Alternative Service: (Check all that apply) <p><u>Assessment Only:</u> <input type="checkbox"/> All <input type="checkbox"/> CMAO <input type="checkbox"/> AMAO <input type="checkbox"/> CDAO <input type="checkbox"/> ADAO <input type="checkbox"/> CSAO <input type="checkbox"/> ASAO</p> <p><u>Crisis Services:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCS <input type="checkbox"/> AMCS <input type="checkbox"/> CDCS <input type="checkbox"/> ADCS <input type="checkbox"/> CSCS <input type="checkbox"/> ASCS</p> <p><u>Child MH:</u> <input type="checkbox"/> All <input type="checkbox"/> CMSED <input type="checkbox"/> CMMED <input type="checkbox"/> CMDEF <input type="checkbox"/> CMPAT <input type="checkbox"/> CMECD</p> <p><u>Adult MH:</u> <input type="checkbox"/> All <input checked="" type="checkbox"/> AMSPM <input checked="" type="checkbox"/> AMSMI <input type="checkbox"/> AMDEF <input type="checkbox"/> AMPAT <input type="checkbox"/> AMSRE</p> <p><u>Child DD:</u> <input type="checkbox"/> CDSN</p> <p><u>Adult DD:</u> <input type="checkbox"/> All <input type="checkbox"/> ADSN <input type="checkbox"/> ADMRI</p>

	<p><u>Child SA:</u> <input type="checkbox"/> All <input type="checkbox"/> CSSAD <input type="checkbox"/> CSMAJ <input type="checkbox"/> CSWOM <input type="checkbox"/> CSCJO <input type="checkbox"/> CSDWI <input type="checkbox"/> CSIP <input type="checkbox"/> CSSP</p> <p><u>Adult SA:</u> <input type="checkbox"/> All <input type="checkbox"/> ASCDR <input type="checkbox"/> ASHMT <input type="checkbox"/> ASWOM <input type="checkbox"/> ASDSS <input type="checkbox"/> ASCJO <input type="checkbox"/> ASDWI <input type="checkbox"/> ASDHH <input type="checkbox"/> ASHOM <input type="checkbox"/> ASTER</p> <p><u>Comm. Enhance.:</u> <input type="checkbox"/> All <input type="checkbox"/> CMCEP <input type="checkbox"/> AMCEP <input type="checkbox"/> CDCEP <input type="checkbox"/> ADCEP <input type="checkbox"/> ASCEP <input type="checkbox"/> CSCEP</p> <p><u>Non-Client:</u> <input type="checkbox"/> CDF</p>
8	<p>Definition of Reimbursable Unit of Service: (Check one)</p> <p><input type="checkbox"/> Service Event <input checked="" type="checkbox"/> 15 Minutes <input type="checkbox"/> Hourly <input type="checkbox"/> Daily <input type="checkbox"/> Monthly</p> <p><input type="checkbox"/> Other: Explain _____</p>
9	<p>Proposed IPRS <u>Average</u> Unit Rate for LME Alternative Service</p> <p><i>Since this proposed unit rate is for Division funds, the LME can have different rates for the same service within different providers. What is the proposed <u>average</u> IPRS Unit Rate for which the LME proposes to reimburse the provider(s) for this service?</i></p> <p style="text-align: center;">\$4.90</p>
10	<p>Explanation of LME Methodology for Determination of Proposed IPRS <u>Average</u> Unit Rate for Service <i>Comparable to like services</i></p>
11	<p>Provider Organization Requirements</p> <p>This service will be delivered by providers of Mental Health services that are contracted by PBH and meet the provider qualification policies, procedures, and standards established by the Division of Mental Health, Developmental Disabilities, and Substance Abuse Services and the requirements of 10A NCAC 27G. These policies and procedures set forth the administrative, financial, clinical, quality improvement, and information services infrastructure necessary to provide services. Provider organizations must demonstrate that they meet these standards by being endorsed by PBH. The organization must be established as a legally recognized entity in the United States and qualified/registered to do business as a corporate entity in the State of North Carolina.</p>
12	<p>Staffing Requirements by Age/Disability <i>(Type of required staff licensure, certification, QP, AP, or paraprofessional standard)</i></p> <p>This service will be delivered by Paraprofessional staff employed by the contracted provider and supervised by that provider's Qualified Professional. The Paraprofessional must have a high school degree and two (2) years of experience working with adults with mental illness.</p>
13	<p>Program and Staff Supervision Requirements</p> <p>A Qualified Professional will supervise all staff.</p>
14	<p>Requisite Staff Training</p> <p>A minimum of twenty (20) hours of initial documented training or continuing education in the following areas within the first ninety (90) days of employment will be required:</p> <ul style="list-style-type: none"> • Clinical and psychosocial needs of the target population;

	<ul style="list-style-type: none"> • Psychotropic medications and possible side effects • Drugs of abuse and related symptoms • Crisis management • Principles of recovery, resiliency and empowerment • Community resources and services, including pertinent referral criteria • Individual/family support networking • Diagnosis and clinical issues regarding the population served • Client Rights • Confidentiality/HIPPA • Crisis Intervention and Response • Infectious/communicable diseases • CPR/ First Aid/Seizure Management • Person Centered Planning to include goals/strategies • Approved training on alternatives/restrictive interventions by a certified instructor prior to being alone with an individual as applicable for the individual • Protective Devices/Usage as applicable for the individual • Cultural Diversity/Awareness • Knowledge of the Service Delivery System • Medication Administration as appropriate for the individual
15	<p>Service Type/Setting</p> <ul style="list-style-type: none"> • <i>Location(s) of services</i> • <i>Excluded service location(s)</i> <p>Individual Support is a periodic service. It is intended to support an individual who is living in an independent residence, or who is transitioning to independent housing from a licensed residential facility within the next two (2) months. This service is available to those residing in non-licensed supported housing where there is not twenty-four (24) hour staffing. This service is not available to those living in licensed adult care homes or other licensed community based residential settings, or who are maintained within a family residence except for two (2) months prior to moving to independent housing.</p>
16	<p>Program Requirements</p> <ul style="list-style-type: none"> • <i>Individual or group service</i> • <i>Required client to staff ratio (if applicable)</i> • <i>Maximum consumer caseload size for FTE staff (if applicable)</i> • <i>Maximum group size (if applicable)</i> • <i>Required minimum frequency of contacts (if applicable)</i> • <i>Required minimum face-to-face contacts (if applicable)</i> <p>Individual Support is a one on one service provided directly to the individual. The service must be reflected in a Service plan based on a Person Centered Planning process that reflects the strengths, needs and preferences of the person served. The goals incorporated into the Service Plan must justify the hours requested, and must include a step-down plan which identifies and utilizes natural supports.</p>
17	<p>Entrance Criteria</p> <ul style="list-style-type: none"> • <i>Individual consumer recipient eligibility for service admission</i> • <i>Anticipated average level of severity of illness, or average intensity of support needs, of consumer to enter this service</i>

	Adults eligible for this service must be age eighteen (18) or older, must have a diagnosis of Severe and Persistent Mental Illness (SPMI), and must demonstrate a deficit in at least one Instrumental Activity of Daily Living (IADL). A LOCUS level of II or greater is required.
18	<p>Entrance Process</p> <ul style="list-style-type: none"> • <i>Integration with team planning process</i> • <i>Integration with Person Centered Plan and clinical assessment</i> <p>PBH requires that a written person-centered plan be developed by the Person Centered Planning team prior to service implementation for the delivery of medically necessary services. PBH expects that consumers play an active role in directing the type, frequency and intensity of services to ensure that the service meets the needs, abilities, preferences and expectations of the consumer and their goals for recovery. It is also PBH's expectation that the PCP is informed by strong clinical data that supports medical necessity of a given service. Together these processes ensure that services are appropriate for meeting the consumer's needs but are supported by clinical evidence to ensure medical necessity.</p>
19	<p>Continued Stay Criteria</p> <ul style="list-style-type: none"> • <i>Continued individual consumer recipient eligibility for service</i> <p>The individual continues to demonstrate need for the services as outlined in the Entrance Criteria.</p>
20	<p>Discharge Criteria</p> <ul style="list-style-type: none"> • <i>Recipient eligibility characteristics for service discharge</i> • <i>Anticipated length of stay in service (provide range in days and average in days)</i> • <i>Anticipated average number of service units to be received from entrance to discharge</i> • <i>Anticipated average cost per consumer for this service</i> <p>Discharge should occur when the individual's level of adaptive functioning has improved, as demonstrated by improvement toward measurable goals outlined in the Service Plan, LOCUS level, or when the individual has been transitioned to natural supports or has developed skills to function independently.</p> <p>No more than 240 units per month sixty (60) hours per month of Individual Support may be provided unless specific authorization for exceeding this limit is approved. Initial authorization of services may not exceed ninety (90) days. Reauthorization will be at a minimum of one hundred and eighty days (180). Individual Support is a help, coach and fade service; goals and strategies must be documented in the Service Plan.</p>
21	<p>Evaluation of Consumer Outcomes and Perception of Care</p> <ul style="list-style-type: none"> • <i>Describe how outcomes for this service will be evaluated and reported including planned utilization of and findings from NC-TOPPS, the MH/SA Consumer (Satisfaction) Surveys, the National Core Indicators Surveys, and/or other LME outcomes and perception of care tools for evaluation of the Alternative Service</i> • <i>Relate emphasis on functional outcomes in the recipient's Person Centered Plan</i> <p>For services that require completion of NC TOPPs, MH/SA Consumer Surveys, and/or National Core indicators, PBH will monitor to ensure that evaluation tools are completed within mandated time frames and reported to the required reporting bodies. PBH will also use the data obtained from these measures to track trends that effect service satisfaction, accessibility and utilization. This data then can be used to</p>

	<p>leverage changes in the PBH provider network related to quality and availability of services.</p> <p>The expected outcome of this service is that the individual should demonstrate improved proficiency in skills required for the IADL(s) as outlined in the service plan. Continued utilization of this service will be determined by medical necessity at least every 180 days or more often as needed. PBH has established a systematic method of reviewing the quality, appropriateness, and comprehensiveness of the person-centered plan. Each goal on the person-centered plan is reviewed separately, based on the target date associated with each goal to ensure that services are individualized to meet the strength, needs, abilities and preferences of the consumer.</p>
22	<p>Service Documentation Requirements</p> <ul style="list-style-type: none"> <i>Is this a service that can be tracked on the basis of the individual consumer's receipt of services that are documented in an individual consumer record?</i> <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If "No", please explain.</i></p> <i>Minimum standard for frequency of note, i.e. per event, daily, weekly, monthly, etc.</i> <p>Minimum standard is a daily full service note that includes the individual's name, Medicaid identification number, and date of service, purpose of the contact, duration of the service, task addressed, support provided, and effectiveness of the intervention, provider signature and credentials of the staff person.</p>
23	<p>Service Exclusions</p> <ul style="list-style-type: none"> <i>Identify other service(s) that are limited or cannot be provided on the same day or during the same authorization period as proposed Alternative Service</i> <p>Individual Support may not be provided during the same authorization period as the following services:</p> <ul style="list-style-type: none"> • Partial Hospitalization • ACTT • Community Support Team • SAIOP (Substance Abuse Intensive Outpatient) • SACOP (Substance Abuse Comprehensive Outpatient)
24	<p>Service Limitations</p> <ul style="list-style-type: none"> <i>Specify maximum number of service units that may be reimbursed within an established timeframe (day, week, month, quarter, year)</i> <ul style="list-style-type: none"> • This service is not intended for individuals living in a family residence as it is intended to support the independent living needs of the individual. Individual Support may not be provided by an individual's family member. • Individuals between the ages of eighteen (18) and twenty-one (21) may not live in a Medicaid funded child residential treatment facility. • For individuals living in licensed residential settings this service may not exceed two (2) months.
25	<p>Evidence-Based Support and Cost Efficiency of Proposed Alternative Service</p> <ul style="list-style-type: none"> <i>Provide other organizational examples or literature citations for support of evidence base for effectiveness of the proposed Alternative Service</i>
26	<p>LME Fidelity Monitoring and Quality Management Protocols for Review of Efficacy and Cost-Effectiveness of Alternative Service</p>

	PBH QM Department will monitor this service for quality and fidelity to the definition through billing audit reviews.
27	LME Additional Explanatory Detail (as needed)